

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/5321121

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒

Filing

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

10 REASON:

☒

Overpayment

Treasury Check

Duplicate Payment

Credit Deposit A/C #:

No Fee Due (Explanation):

9 06--2140

Rule change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: Supervisor

SIGNATURE: Terry M. Johnson

PHONE: 703-308-9140

OFFICE: DO/ED

X221

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: